

Tank No(s). Instructions: Check (\forall) if item has been inspected and does not need corrective action. If corrective action is needed, initial within the applicable. Identify volume in tank. Provide Inspector/Employee information. Identify corrective actions if necessary.
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Inspection Items			Inspection Date
Overfill/Discharge Control Equipment		Inspection Items	
1. Waste Cutoff System Operating		Berm/Secondary Containment	
2. Automatic Bypass System Operating		20. Contaminated Vegetation Absent	
3. Drainage System Operating		21. Berms Free of Liquid and Stains	
4. Recirculating Pump(s) Operating		22. Free of Debris	
5. Transfer Pump(s) Operating		23. No Stains	
6. Overfill/Discharge Equip. Problem Free		24. No Cracks	
7. Other		25. Drainage Valve Closed	
Monitoring Equipment		26. Containers Free of Leaks and Stains	
8. Enter the Pressure Gauge Reading		27. Other	
9. Enter the Temperature Gauge Reading		Surrounding Area	
10. Alarm System Operating		28. Free of Erosion	
11. Leak Detection Equipment Operating		29. No Unexplained Change in Vegetation	
12. Monitoring Equipment Problem Free		30. Other	
13. Other	_	Operating Instructions Posted	
Tank/Frame/Piping/Valve Condition/		Liquid Waste Level [Measurement]	
Welds & Joints		31. Open Top Tank Volume [Conversion Gals.]	
14. No Leaks		32. Closed Top Tank Volume	
15. No Visible Cracks or Buckling			
16. No Visible Corrosion			
17. No Stains or Blistering			
18. Problem Free			
19. Other			

Actions Date Action(s) Corrected by Corrected	Actions Corrected by	Nature of Repairs (Natur	eeded	Comments/Corrective Actions Needed	Commen	Date Tank/Area	Date	Item No.
							é	Inspector Signature	Inspe
							rinted)	Inspector Name (printed)	Inspe
								Time	
							ite	Inspection Date	_ I

Note: Open-top tanks must have a minimum 2-foot clearance from the top of the tank to the level of the liquid.